

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005304

STATE FILE NUMBER

AMENDED

Registration District No. 371

Primary Registration District No. 6259

Registrar's No. 01

FILED JAN 15 1962

## 1. PLACE OF DEATH

a. COUNTY

WEBSTER

b. CITY (If outside corporate limits, give TOWNSHIP only)

EAST BENTON

Length of stay in 1b

3 MONTHS

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

WEBSTER

c. CITY

OR

TOWN

FORDLAND

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

HOME

Inside Limits

Yes ☐ No ☒

d. STREET

ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

PHILIP

BURECKS

ROSE

4. DATE

OF

DEATH

Month

Day

Year

JAN

2

1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

9-14-1889

## 9. AGE (last birthday)

72

## IF UNDER 1 YEAR

## IF UNDER 24 HR

Months

Days

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

SALESMAN

## 10b. KIND OF BUSINESS OR INDUSTRY

REAL ESTATE

## 11. BIRTHPLACE (City and state or country)

PAWNEE OKLA.

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

A.P. ROSE

## 13b. MOTHER'S MAIDEN NAME

SALLIE SMITH

## 14. NAME OF HUSBAND OR WIFE

MYRTLE ROSE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

## 17. INFORMANT

Address

Mrs Myrtle Rose Fordland MO

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Broncho - Pneumonia

## DUE TO (b)

Cardiac Asthma.

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

Sept 12, 1959, to Jan 4, 1962

and last saw him alive on Dec. 31, 1961

## Death occurred at

3:00p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

## 23c. NAME OF CEMETERY OR CREMATORY

## 23d. LOCATION (City, town, or county)

(State)

Burial

JAN 5-1962

FORDLAND CEMETERY

FORDLAND, MISSOURI

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

Kelley Ferrell

FORDLAND, MISSOURI

JAN. 9, 1962

Opal M. Good.

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Mr. K. L. Lenzell

Licensed Embalmer No. 4910

P. O. Address Raymond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.